

**STATE OF ALABAMA
FINANCE DEPARTMENT
DIVISION OF RISK MANAGEMENT
STATE INSURANCE FUND**

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Montgomery, Alabama 36130-3250
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| | | |
|-----------------|------------|--------------|
| Protect _____ | BRC _____ | Constr _____ |
| A/S _____ | ACV _____ | |
| | RSK _____ | |
| | Bldg _____ | Cont _____ |
| | Fire _____ | Bldg _____ |
| | | EC _____ |
| Orig _____ | | Cont _____ |
| BRC _____ | | EC _____ |
| Office Use Only | | |

**SELF-INSPECTION REPORT & PROPERTY
INSURANCE REQUEST**

Call or email coverage requests to Division of Risk Management, then use this form to officially request insurance on buildings that are not currently insured with the State Insurance Fund (SIF). This form must be fully completed to activate insurance.

Division _____ Location _____ Item # _____

INSURED _____
Agency, Department, Board, or Commission

BUILDING NAME / USE _____

ADDRESS _____
Street Address

City _____ Zip _____

Insurance Effect Date _____ Building Insurance Amount**\$ _____
100% Building Replacement Value* \$ _____ Contents Insurance Amount**\$ _____
100% Contents Value \$ _____

*Building Value (excluding land) _____ *State law requires minimum of 80% insurance to value

BUILDING DATA

| | | | | | |
|-------------------------------------|---|--------------------|-----|-----|-------|
| 1. Number of Floors/Stories _____ | ! | Rewired | Y G | N G | _____ |
| 2. Year Built _____ | ! | New Plumbing | Y G | N G | _____ |
| 3. Within City Limits | | | Y G | N G | |
| | ! | New Roof Installed | Y G | N G | _____ |
| 4. Total Gross Square Footage _____ | | | | | |
| (all areas, all floors) | ! | Remodeled | Y G | N G | _____ |
| 5. Fire Protection | | | | | |
| ! Feet to Hydrant _____ | | | | | |
| ! Miles to Fire Dept. _____ | | | | | |
| ! Sprinkler System | | | Y G | N G | |
| ! Fire Extinguishers | | | Y G | N G | |
| ! Fire Alarm | | | | | |
| Central Station | | | Y G | N G | |
| Local | | | Y G | N G | |
| ! Smoke Detectors | | | Y G | N G | |
| ! Fire Drills | | | Y G | N G | |
| ! If Kitchen, Hood Extinguisher | | | Y G | N G | |

ATTACH A PHOTO OF THE BUILDING

Name (Print/Type) _____

Signature _____

Title/Position _____

Telephone _____

Date _____

6. Building Condition (if over 5 years old) Date _____

CONSTRUCTION CHARACTERISTICS

1. FLOOR (ground level)

G concrete slab G wood G other _____

2. UPPER FLOORS

G concrete G wood G other _____

3. UPPER FLOOR SUPPORTS

G wood G metal G concrete G other _____

4. EXTERIOR WALLS

G wood studs with wood siding G solid brick or stone

G wood studs with vinyl siding G hollow concrete block

G wood studs with metal siding G hollow concrete block with brick or stone veneer

G wood studs with brick or stone veneer G all metal

G metal girts with brick veneer G solid concrete

G other _____

5. ROOF

G flat

G pitched

G combination

G other _____

6. ROOF SUPPORTS

G wood

G metal

G concrete

G other

7. ROOF DECK

G wood

G metal

G concrete

G tectum

G other _____

8. ROOF COVERING

G shingles

G metal

G built-up tar & gravel

G rubber membrane

G other _____

9. HEAT SYSTEM Coal G Electric G Gas G Wood G Other G

(Explain) _____

10. HEAT METHOD Forced G Hot Water G Radiant G Steam G Other G

(Explain) _____

11. AIR CONDITIONING (Describe) _____

12. PLEASE SKETCH THE GROUND FLOOR, WITH DIMENSIONS (Attach a separate sheet if necessary.)